



Privatization of Veterinary Services in Afghanistan: Development that Works!

USAID is providing very important support for animal health care in Afghanistan, with implications not only for this war-torn country but for developing nations in post-conflict situations around the world.

Prior to the turmoil which began in the late 1970s, Afghanistan, like many developing countries in Asia and Africa assigned all veterinary activities to government. This included “public good” functions such as national disease control programs, food hygiene, and emergency disease control, as well as “private good” functions such as the vaccination and treatment of livestock owned by individual farmers and herders.

This retention of all veterinary service by government represented the prevailing attitudes of the time among newly emerging nations that government would provide all things for its citizens, and that specifically in the case of veterinary medicine, the rural poor deserved free veterinary care for their livestock and such service would be provided by government.

Unfortunately, the reality fell far short of the ideal. Delivery of clinical veterinary service to rural areas in developing countries was generally poor. With inadequate budgets and poor infrastructure, government veterinarians rarely reached the areas where animals were concentrated and did not have adequate supplies of vaccines and medicines to provide effective services. Yet all graduating veterinarians were taken into government employment resulting in an expanded proportion of the limited veterinary budget going into salaries. The net result in some cases was a cadre of demoralized government veterinarians sitting idle in their offices with nothing to do because there was no money for vehicles, fuel, medicines, or vaccines.

In the 1980s, the World Bank and the IMF began to encourage structural adjustments in the economies and governments of developing countries to stimulate foreign investment, promote private sector development and increase international trade. A key thrust in this effort was the privatization of government-held services and industries and reduction in government payrolls. The World Bank spearheaded this effort in the area of veterinary privatization, encouraging governments, especially in Africa, to downsize government veterinary staffs and create incentives and opportunities for veterinarians to move into the private sector to provide clinical treatments and vaccination services on a fee-for-service basis.

Regrettably, progress in this area was slow as policy makers resisted the perceived loss of control and authority and government veterinarians themselves often clung to the security of government employment, no matter how limited the benefits, considering private practice too risky a venture.

Around the same time, in Afghanistan, troubling events were having a direct impact on how veterinary service was conducted. When the Soviets invaded and backed the government in Kabul, the mujahadeen resistance essentially took control of the countryside. As a result, government veterinarians working at provincial government veterinary offices around the country became identified with the occupiers and were forced to flee their posts. Thus Afghanistan, an agrarian nation where more than 80% of the citizens lived in rural areas and directly depended on livestock were left with essentially no veterinary services at all to protect the health of this vital living livestock resource.

Recognizing the importance of animal health to the survival of Afghanistan's people, a number of international agencies and NGOs stepped in with relief efforts to provide veterinary service delivery in the country. Notable among these was UNDP-OPS, FAO, the Dutch Committee for Afghanistan and Mercy Corps International. The immediate goal of these agencies was to ensure that farmers and herders had access to vaccines and medicines aimed at the most common disease problems of livestock. To accomplish this, a number of activities were developed. These included training of paraprofessionals in the veterinary field to ensure that necessary manpower was available throughout the countryside in the form of basic veterinary workers (2-4 weeks training) and paraveterinarians (5-6 months training); the establishment of district based veterinary field units (VFUs) where field staff could obtain reliable quality vaccines and medicines, report diseases and seek advice; and, perhaps most importantly, the establishment of a policy of fee-for-service so that a reliable veterinary service delivery system could be sustained. Paraprofessionals paid for their medicines at the VFUs, charged farmers for their services, and had money to come back to the VFUs for resupply.

While the privatization effort moved slowly in Africa, it took hold in Afghanistan. In 1994, UNDP handed over their veterinary program in the south to FAO which had been working in the north to produce one national, unified VFU system with almost all districts in the country covered by a VFU. By the year 2000, hundreds of paravets and Basic Veterinary Workers (BVWs) had been trained and millions of vaccines and medicines delivered to farmers and herders on a fee for service basis. The FAO was even able to effectively control a rinderpest outbreak in the country in 1995 using disease intelligence derived from paravets in the field and using these same paraprofessionals to mount a rinderpest vaccination campaign.

The 1990s were an important time of transition of ideas and activities for veterinary medicine in Afghanistan. Livestock owners came to understand the value of vaccines as a means of preventing disease and actively sought out vaccination for common diseases. They also demonstrated their willingness to pay for medicines and vaccines if those goods were perceived to be of high quality and effective, such as those which came from the VFUs. It became clear that high school graduates could be effectively trained as paravets to perform basic animal health care services, including the accurate recognition and proper treatment of common livestock diseases. A well-trained paravet knew what he was trained to know but importantly, also knew when he saw something he was not trained to recognize and therefore knew to seek out a veterinarian to report such conditions.

By the year 2000, the potential for privatization of veterinary services in Afghanistan had been clearly demonstrated. Unfortunately, efforts to solidify these gains were suddenly jeopardized on two fronts. First, the FAO lost its funding for support of the VFU system and anticipating a withdrawal, pushed veterinarians and paravets to fully privatize. However, at the same time, one of the worst droughts in Afghanistan's history took hold and livestock owners lost or were forced to sell off huge numbers of animals. Thus the bottom dropped out of the demand for veterinary services just about the time that the privatization effort had reached its peak.

Now, as a result of the momentous events of 2001 and the expanded US presence in Afghanistan, USAID has seized the opportunity to help rebuild the livestock populations so essential to the every day rural economy of the country and solidify the gains of the veterinary privatization effort. The notion that "Poor farmers can't afford to pay for veterinary services" is being replaced by the belief that "Poor farmers can't afford *not* to pay for veterinary services" Through outreach and extension efforts, livestock owners are being made aware of the relative benefit to cost ratio of preventive veterinary interventions that will reduce livestock mortality, help replenish their diminished herds, and improve their income by increasing the numbers of animals that can be brought to market in this period of increasing demand for foods of animal origin.

USAID's Rebuilding Agricultural Markets Program (RAMP), is helping to rebuild veterinary services in Afghanistan. Through a grant to the Dutch Committee for Afghanistan (DCA), existing VFUs are being refurbished and new ones are being built. DCA is also supporting vaccination and treatment of livestock, training new paraveterinarians, and providing refresher training to existing veterinarians and paraveterinarians. A national vaccine and medicine procurement and distribution system, based in the private sector, is also being established by DCA as is a livestock market information system that will help livestock owners maximize returns on their animals.

In Afghanistan, USAID is developing an important development model for dealing with livestock health issues in post-conflict societies around the world and creating an important tool for promoting peace and stability. If one were to look, for example, at a map of the distribution of goats around the world and overlaid it with a map of countries in conflict, a remarkable congruence would be noted. Goats are a lifeline for the rural poor and rural poverty remains a key underlying factor for civil instability in developing countries. Programs such as veterinary privatization provide direct, desired benefits to the rural poor while increasing their incomes help to build trust and support among rural communities and give them the leg up they need to move beyond hopelessness and abandon conflict in favor of peace, food security and optimism about the future.